



THIRD PARTY VERIFICATION FORM

In order to qualify for compensation from the September 11th Victim Compensation Fund ("VCF"), a victim must demonstrate that he/she was present within the area and time period defined by the Zadroga Act and implementing regulations. The purpose of this form is to gather and verify information regarding the location and dates of the victim's work or volunteer activities.

Section 1: To be completed by the claimant:

Victim's Name: _____

Claim Number: VCF _____

Section 2: To be completed by the employer or organization:

Employer/Organization Name: _____

Employer/Organization Address: _____

Contact Person's Name: _____

Contact Person's Title: _____

Contact Person's Phone Number: _____

Please complete the table below. You may attach a letter to this form if additional space is needed.

Dates of Employment/ Volunteer Work	Location of Victim's Work or Volunteer Activities	Brief Description of Victim's Work/ Duties Performed

I certify under penalty of perjury that the foregoing is true and correct.

Employer/Organization Contact's Signature

Date

Please make sure the victim's name is on the form and mail the form with any additional documentation to the VCF at the following address:

September 11th Victim Compensation Fund
P.O. Box 34500
Washington, D.C. 20043

If you have any questions regarding this form, please call the VCF toll-free Helpline or visit the VCF website.